

B1 (Official Form 1) (04/13)

| United States Bankruptcy Court Eastern District of New York | | | | Voluntary Petition | |
|--|--|--|---|---|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Dones, Gabriel J. | | | Name of Joint Debtor (Spouse) (Last, First, Middle): Molano, Maria T. | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Gabriel Dones Gabriel Jose Dones | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): See Schedule Attached | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 6871 | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 0447 | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 507 Premier Blvd. Hew Hyde Park, NY | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 507 Premier Blvd. Hew Hyde Park, NY | | |
| ZIPCODE 11040 | | | ZIPCODE 11040 | | |
| County of Residence or of the Principal Place of Business: Nassau | | | County of Residence or of the Principal Place of Business: Nassau | | |
| Mailing Address of Debtor (if different from street address): | | | Mailing Address of Joint Debtor (if different from street address): | | |
| ZIPCODE | | | ZIPCODE | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | |
| ZIPCODE | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts. | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | |
| Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | |

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Dones, Gabriel J. & Molano, Maria T.**All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)**

Location

Where Filed: **None**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

None

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification (11 U.S.C. § 362(f)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Dones, Gabriel J. & Molano, Maria T.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

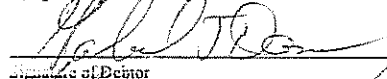
I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

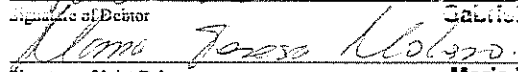
X



Signature of Debtor

Gabriel J. Dones

X



Signature of Joint Debtor

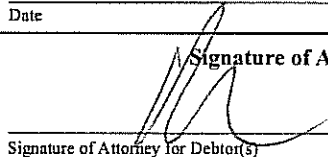
Maria T. Molano

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X



Signature of Attorney for Debtor(s)

Donna M. Fiorelli
Law Offices of Donna M. Fiorelli, P.C.
1800 Walt Whitman Road-Suite 155
Melville, NY 11747

donna.fiorelli@dmfpcclaw.com

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

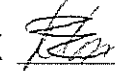
I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X



Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE Dones, Gabriel J. & Molano, Maria T. Case No. _____
Debtor(s)

VOLUNTARY PETITION
Continuation Sheet - Page 1 of 1

All Other Names used by the Joint Debtor in the last 8 years:

Maria Dones
Maria Molano
Maria Teresa Molano

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.Chapter 7

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Dones, Gabriel J. & Molano, Maria T.

Printed Name(s) of Debtor(s)

X

Signature of Debtor

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 2,000.00

Prior to the filing of this statement I have received \$ 2,000.00

Balance Due \$ 0.00

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify): _____
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify): _____
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/27/14
Date

Donna M. Fiorelli
Law Offices of Donna M. Fiorelli, P.C.
1800 Walt Whitman Road-Suite 155
Melville, NY 11747

donna.fiorelli@dmfpclaw.com

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J.

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 120 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____

Date: 10/27/14

B1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Molano, Maria T.

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: _____

Date: _____

B6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court
Eastern District of New York

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|---------------|---------------|-------------|
| A - Real Property | Yes | 1 | \$ 405,000.00 | | |
| B - Personal Property | Yes | 3 | \$ 15,142.20 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 390,129.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 17 | | \$ 257,813.26 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 3 | | | \$ 4,550.96 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 3 | | | \$ 6,073.15 |
| TOTAL | | 32 | \$ 420,142.20 | \$ 647,942.26 | |

B 6 Summary (Official Form 6 - Summary) (12/13)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.

Debtor(s)

Chapter **7****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| | |
|---|-------------|
| Average Income (from Schedule I, Line 12) | \$ 4,550.96 |
| Average Expenses (from Schedule J, Line 22) | \$ 6,073.15 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 6,928.19 |

State the following:

| | | |
|--|---------|---------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 2,263.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 257,813.26 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 260,076.26 |

B6A (Official Form 6A) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--|---|------------------------------------|---|-------------------------|
| 507 Premier Blvd. New Hyde Park, NY 11040 | | J | 405,000.00 | 382,126.00 |
| TOTAL | | | 405,000.00 | |

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|--|--|
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | TD Bank-business simple checking xxxxxxxx4329 (Primary Esthetics Dental Studio) overdrawn | H | 0.00 |
| | | TD Bank-checking acct. xxxxxx3886-Maria Teresa Molano | W | 50.00 |
| | | TD Bank-checking acct. xxxxxx3136-Gabriel J. Dones overdrawn (356.19) | H | 0.00 |
| | | TD Bank-custodial acct. Alexander Dones UTTMA (son) Acct. # xxxxxxxx4129 | H | 75.00 |
| | | Gabriel Dones-custodian | | |
| | | TD Bank-Holiday account Number xxxxxxxxx2559 | J | 75.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | | household furnishings | J | 1,500.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Clothing | J | 750.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | IRA Acct. 000058486871 | J | 1,900.00 |

B6B (Official Form 6B) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------|---|------------------------------------|---|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | | Primary Esthetics Dental Studio Inc. (dental prosthesis business) | J | 0.00 |
| | | TD Ameritrade Acct. #xxxxx5338 | J | 134.20 |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 1998 BMW 528 | H | 2,585.00 |
| | | 2001 Subaru Forester | W | 2,333.00 |
| | | 2005 Kawasaki Motorcycle | H | 5,740.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |

B6B (Official Form 6B) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| TOTAL | | | | 15,142.20 |

0 continuation sheets attached

(Include amounts from any continuation sheets attached.)

Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/13)

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor elects the exemptions to which debtor is entitled under:
(Check one box)☒ Check if debtor claims a homestead exemption that exceeds \$155,675. *

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--|----------------------------|--|
| <u>SCHEDULE A - REAL PROPERTY</u> | | | |
| 507 Premier Blvd. New Hyde Park, NY 11040 | CPLR § 5206(a) | 300,000.00 | 405,000.00 |
| <u>SCHEDULE B - PERSONAL PROPERTY</u> | | | |
| household furnishings | CPLR § 5205(a)(5) | 1,500.00 | 1,500.00 |
| Clothing | CPLR § 5205(a)(5) | 750.00 | 750.00 |
| IRA Acct. 000058486871 | Debtor & Creditor Law § 282, CPLR § 5205(c)(2) | 1,900.00 | 1,900.00 |
| Anticipated 2014 tax refund (Federal and State return) | Debtor & Creditor Law § 283 | 2,250.00 | 2,250.00 |
| 1998 BMW 528 | Debtor & Creditor Law § 282(1) | 2,585.00 | 2,585.00 |
| 2001 Subaru Forester | Debtor & Creditor Law § 282(1) | 2,333.00 | 2,333.00 |

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 17664110110xxxx HSBC Bank Nevada N.A. C/O Portfolio Recovery Associates 120 Corporate Blvd., Suite 100 Norfolk, VA 23502 | H | Loan for motorcycle 2013 VALUE \$ 5,740.00 | | | | 8,003.00 | 2,263.00 |
| ACCOUNT NO. 7110053571 Ocwen Loan Servicing P.O. Box 6440 Carol Stream, IL 60197 | J | Mortgage-507 Premier Blvd., New Hyde Park, NY Foreclosure Action Wells Fargo Bank Index Number 140000095 VALUE \$ 405,000.00 | | | | 382,126.00 | |
| ACCOUNT NO. | | VALUE \$ | | | | | |
| ACCOUNT NO. | | VALUE \$ | | | | | |
| Subtotal (Total of this page) | | | | | | \$ 390,129.00 | \$ 2,263.00 |
| Total (Use only on last page) | | | | | | \$ 390,129.00 | \$ 2,263.00 |

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/13)

IN RE Dones, Gabriel J. & Molano, Maria T.

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1226135/11 Alfred Bircoj MD #11 PO Box 5067 New York, NY 10087 | J | Medical Bill 2011 | | | | 669.00 |
| ACCOUNT NO. 12009140 Allied Account Services, Inc. 422 Bedford Avenue Bellmore, NY 11710 | W | Karate school 2013 | | | | 2,280.00 |
| ACCOUNT NO. 17268154 Allied Interstate 3000 Corporate Exchange Drive Columbus, OH 43231 | H | Karate school 2010 | | | | 215.82 |
| ACCOUNT NO. 0913846924 Allstate Insurance Company C/O Credit Collection Services Two Wells Avenue, Dept. 9135 Newton, MA 02459 | H | Insurance 2009 | | | | 42.92 |
| Subtotal (Total of this page) | | | | | | \$ 3,207.74 |
| Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | \$ |

16 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 0933485752 Allstate Property & Casualty PO Box 55126 Boston, MA 02201 | H | Insurance 2013 | | | | 1,167.30 |
| ACCOUNT NO. 0933548753 00000 031 Allstate Property & Casualty C/O Credit Collection Services Two Wells Avenue, Dept. 9135 Newton, MA 02459 | H | Insurance 2011 | | | | 221.25 |
| ACCOUNT NO. 3499914821836883 American Express P.O.Box 981537 El Paso, TX 79998 | H | Revolving credit 2013 | | | | 1,151.00 |
| ACCOUNT NO. 3499914842385143 American Express P.O.Box 981537 El Paso, TX 79998 | H | Revolving credit 2013 | | | | 3,112.00 |
| ACCOUNT NO. 11335xxxx Bank Of America C/O Asset Acceptance P.O. Box 1630 Warren, MI 48090 | H | Revolving credit 2013 | | | | 20,135.00 |
| ACCOUNT NO. 4888-9210-1276-7865 Bank Of America P.O. Box 15019 Wilmington, DE 19886 | H | Revolving credit 2009 | | | | 17,137.68 |
| ACCOUNT NO. Barry Kaplan MD C/O LIJ Medical Center PO Box 29765 New York, NY 10087 | W | Medical Bill 2012 | | | | 37.00 |

Sheet no. 1 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **42,961.23**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 07858-90158-01-6 Cablevision PO Box 9256 Chelsea, MA 02150-9256 | H | Cable services 2010 | | | | 744.64 |
| ACCOUNT NO. 400344253759 Capital One P.O. Box 30281 Salt Lake City, UT 84130 | W | Revolving credit 2013 | | | | 9,991.00 |
| ACCOUNT NO. 000003318240 Capital One Bank C/O Forster And Garbus LLP P.O. Box 9030 Commack, NY 11725 | W | Revolving credit 2013 | | | | 10,235.96 |
| ACCOUNT NO. Capital One Bank (USA) N.A. C/O Alliance One Receivable Mgmt. 4850 Street Road, Suite 300 Trevose, PA 19053 | J | | | | | 0.00 |
| ACCOUNT NO. 03-7196433 CBCS P.O.Box 163250 Columbus, OH 43216-3250 | W | Revolving credit 2012 | | | | 620.97 |
| ACCOUNT NO. 542418079178 Citi Cards/Citibank PO Box 6241 Sioux Falls, SD 57117 | H | Revolving credit 2013 | | | | 6,978.00 |
| ACCOUNT NO. 5424-1807-7872-7732 Citibank N.A. C/O Unifund CCR, LLC 10625 Techwoods Circle Cincinnati, OH 45242 | W | Revolving credit 2012 | | | | 16,288.69 |

Sheet no. 2 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **44,859.26**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. 9999904xxxx Citibank NY State NA PO Box 22828 Rochester, NY 14692 | W | Revolving credit 2011 | | | | 339.00 |
| ACCOUNT NO. 7366174 Citibank Student Loans C/O New York State Higher Education 99 Washington Avenue Albany, NY 12210 | W | Student loan 2013 | | | | 2,406.00 |
| ACCOUNT NO. 5424-1807-7872-7732 Citicards P.O. Box 182564 Columbus, OH 43218-2564 | W | Revolving credit 2011 | | | | 13,331.49 |
| ACCOUNT NO. 371180791785675 Citicards P.O. Box 182564 Columbus, OH 43218 | J | Revolving Credit 2011 | | | | 7,390.76 |
| ACCOUNT NO. 2299328/8 Daniel Walz, MD PO Box 5090 New York, NY 10087 | H | Medical Bill 2012 | | | | 27.00 |
| ACCOUNT NO. 1226135/4 David Rosman MD PO Box 5067 New York, NY 10087 | H | Medical Bill 2011 | | | | 204.00 |
| ACCOUNT NO. 10275 Digestive Disease Care PC 68-45 Main Street Flushing, NY 11367 | H | Medical Bill 2014 | | | | 70.00 |

Sheet no. 3 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **23,768.25**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 10275 Digestive Disease PC 68-45 Main Street Flushing, NY 11367 | H | Medical Bill 2014 | | | | 1,120.00 |
| ACCOUNT NO. Erich Lee, MD C/O LIJ Medical Center PO Box 29765 New York, NY 10087 | J | Medical Bill 2012 | | | | 15.00 |
| ACCOUNT NO. 13054847 Fpp-LIJ Dept. Of Cardiology C/O Regional Claims PO Box 417460 Boston, MA 02241 | H | Medical Bill 2012 | | | | 370.00 |
| ACCOUNT NO. 20682412 Franklin Hospital PO Box 29849 New York, NY 10087 | H | Medical Bills 2013 | | | | 4,143.00 |
| ACCOUNT NO. 20682412 Franklin Hospital Medical Center PO Box 29849 New York, NY 10087 | H | Medical Bill 2013 | | | | 53.86 |
| ACCOUNT NO. Fred Fieffer MD C/O LIJ Medical Center PO Box 29765 New York, NY 10087 | J | Medical Bill 2012 | | | | 44.00 |
| ACCOUNT NO. Gold Key Credit Inc. P.O. Box 15670 Brooksville, FL 34604-0122 | H | Revolving credit 2012 | | | | 51.00 |

Sheet no. 4 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **5,796.86**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Gracie Barra Long Island, Inc. C/O Allied Account Services Inc. 422 Bedford Avenue Bellmore, NY 11710 | J | Karate school 2013 | | | | 0.00 |
| ACCOUNT NO. Henry Maccaro, DDS 99 Hillside Avenue Williston Park, NY 11596 | H | Dental bill 2013 | | | | 200.00 |
| ACCOUNT NO. 0006738470 Highlights PO Box 25886 Lehigh Valley, PA 18002 | W | Magazines 2009 | | | | 24.84 |
| ACCOUNT NO. 15420698 Holly Charleton, MD Regional Claims Recovery Service P.O. Box 9060 Hicksville, NY 11802 | J | Medical Bill 2013 | | | | 42.38 |
| ACCOUNT NO. 515593004723xxx HSBC Bank P.O. Box 5253 Carol Stream, IL 60197 | W | Revolving credit 2010 | | | | 1,213.00 |
| ACCOUNT NO. 5200-9400-0233-6562 HSBC Bank P.O. Box 17051 Baltimore, MD 21297-1051 | H | Revolving credit 2010 | | | | 721.00 |
| ACCOUNT NO. HSBC Bank Malen & Associates 123 Frost Street, Suite 203 Westbury, NY 11590 | H | Revolving credit 2011 | | | | 7,639.29 |

Sheet no. 5 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **9,840.51**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CREDITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. 854536xxx HSBC Bank Nevada N.A. C/O Midland Funding 8875 Aero Drive, Suite 200 San Diego, CA 92123 | W | Revolving credit 2013 | | | | 1,356.00 |
| ACCOUNT NO. 5155-9300-4723-6773 HSBC Card Services P.O. Box 17051 Baltimore, MD 21297 | W | Revolving credit 2010 | | | | 1,213.03 |
| ACCOUNT NO. 0176-6411-0110-1151 HSBC Retail Services PO Box 17602 Baltimore, MD 21297-1602 | H | Revolving credit 2009 | | | | 7,237.14 |
| ACCOUNT NO. 13577787 HSBC C/O Firstsource Advantage LLC PO Box 628 Buffalo, NY 14240 | H | Revolving credit 2009 | | | | 6,683.19 |
| ACCOUNT NO. 351246 Internal Medicine Assoc. 251-15 Union Turnpike Bellerose, NY 11426 | H | Medical Bill 2013 | | | | 185.00 |
| ACCOUNT NO. 39618 Internal Medicine Assoc. 251-15 Union Turnpike Bellerose, NY 11426 | W | Medical Bill 2013 | | | | 2,043.25 |
| ACCOUNT NO. 130072325210 Labcorp C/O AMCA PO Box 1235 Elmsford, NY 10523 | W | Medical Bill 2012 | | | | 694.00 |

Sheet no. 6 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **19,411.61**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 130072325210 Laboratory Corporation Of America C/O AMCO 4 Westchester Plaza, Bldg. 4 Elmsford, NY 10523 | W | Medical Bill 2011 | | | | 694.00 |
| ACCOUNT NO. 1226135/4 LIJ Emergency PO Box 5067 New York, NY 10087 | H | Medical Bill 2011 | | | | 770.00 |
| ACCOUNT NO. 10248318 LIJ Emergency C/O Regional Claims Recovery Services PO Box 417460 Boston, MA 22241 | W | Medical Bill 2011 | | | | 1,897.00 |
| ACCOUNT NO. 1193714/51 LIJ Emergency Med-Pediatrics PO Box 5067 New York, NY 10087 | W | Medical Bill 2011 | | | | 368.00 |
| ACCOUNT NO. 11533737 LIJ Emergency Med-Pediatrics C/O Regional Claims Recovery Services PO Box 417460 Boston, MA 02241 | W | Medical Bill 2012 | | | | 200.00 |
| ACCOUNT NO. 1342353/51 LIJ Emergency Med.-Pediatrics PO Box 5067 New York, NY 10087 | W | Medical Bill 923.00 | | | | 923.00 |
| ACCOUNT NO. 1342353/51 LIJ Emergency Med.-Pediatrics PO Box 5067 New York, NY 10087 | W | Medical Bill 2012 | | | | 187.60 |

Sheet no. 7 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **5,039.60**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1852531 LIJ Medical Center PO Box 29765 New York, NY 10087 | J | Medical Bills 2012 | | | | 38,667.00 |
| ACCOUNT NO. 04202011 LIJ Medical Center PO Box 29765 New York, NY 10087 | H | Medical Bill 2011 | | | | 2,666.00 |
| ACCOUNT NO. 1852531 LIJ Medical Center PO Box 29765 New York, NY 10087 | H | Medical Bill 2010 | | | | 2,975.00 |
| ACCOUNT NO. 12031355 LIJ Medical Center C/O Regional Claims PO Box 417460 Boston, MA 02241 | H | Medical bills 2012 | | | | 9,565.00 |
| ACCOUNT NO. 1831953 LIJ Medical Center PO Box 29765 New York, NY 10087 | W | Medical Bill 2012 | | | | 1,729.00 |
| ACCOUNT NO. 11533737 LIJ Medical Center C/O Regional Claims PO Box 417460 Boston, MA 02241 | W | Medical Bill 2012 | | | | 531.35 |
| ACCOUNT NO. 8515161 LIJ Medical Center C/O Regional Claims Recovery Services In PO Box 9001 Melville, NY 11747 | W | Medical Bill 2010 | | | | 295.00 |

Sheet no. 8 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **56,428.35**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. 1342353/43 LIJ Pathology PO Box 5067 New York, NY 10087 | W | Medical Bill 2010 | | | | 7.08 |
| ACCOUNT NO. 1342353/76 LIJ Pathology PO Box 5067 New York, NY 10087 | W | Medical Bill 2012 | | | | 24.00 |
| ACCOUNT NO. 1342353/76 LIJ Pathology PO Box 5067 New York, NY 10087 | W | Medical Bill 2011 | | | | 187.50 |
| ACCOUNT NO. 1226135/76 LIJ Radiology PO Box 5067 New York, NY 10087 | H | Medical Bill 2011 | | | | 156.00 |
| ACCOUNT NO. 10066540 LIJ Radiology C/O Regional Claims P.O. Box 9001 New York, NY 11747 | H | Medical Bill 2011 | | | | 32.00 |
| ACCOUNT NO. 1226135/76 LIJ Radiology PO Box 5067 New York, NY 10087 | H | Medical Bill 2012 | | | | 927.00 |
| ACCOUNT NO. 1342353/76 LIJ Radiology PO Box 5067 New York, NY 10087 | W | Medical bill 2012 | | | | 15.00 |

Sheet no. 9 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,348.58**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. 1342353/76 LIJ Radiology PO Box 5067 New York, NY 10087 | W | Medical bill 2012 | | | | 39.00 |
| ACCOUNT NO. LIJ Radiology C/O Regional Claims Recovery Services PO Box 417460 Boston, MA 02241 | J | Medical Bill 2012 | | | | 0.00 |
| ACCOUNT NO. 1226135/4 LIJ-Abbey Wolf, MD PO Box 5067 New York, NY 10087 | H | Medical Bill 2012 | | | | 370.00 |
| ACCOUNT NO. 1342353/19 LIJ-Dept. Of Pediatrics PO Box 5067 New York, NY 10087 | W | Medical bill 2012 | | | | 104.75 |
| ACCOUNT NO. PM84477-007 LMC Physician Services PO Box 48257 Newark, NJ 07101-8457 | H | Medical Bill 2011 | | | | 25.00 |
| ACCOUNT NO. 2299328/24 Long Island Jewish PO Box 5090 New York, NY 10087 | H | medical bill 2011 | | | | 120.00 |
| ACCOUNT NO. 30238487 Nassau County C/O Alliance One Recievables Mgmt Inc. 6565 Kimball Drive, Suite 200 Gigi Harbor, WA 98335 | H | Collection 2013 | | | | 116.00 |

Sheet no. 10 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

\$ **774.75**

Total

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 6874 6761 National Budget Planners 4101 Dublin Blvd. Suite F142 Dublin, CA 94568 | W | Debt consolidation 2012 | | | | 1,088.00 |
| ACCOUNT NO. LMC3238235 NES Med Service, NYC PO Box 409041 Atlanta, GA 30384-9041 | H | Medical Bill 2011 | | | | 787.00 |
| ACCOUNT NO. 1226135/4 North Shore LIJ PO Box 5067 New York, NY 10037 | J | Medical Bill 2012 | | | | 370.00 |
| ACCOUNT NO. 500006279920 North Shore LIJ PO Box 5090 New York, NY 10087-5090 | J | Medical Bill 2012 | | | | 200.00 |
| ACCOUNT NO. 2299328/24 North Shore LIJ PO Box 5090 New York, NY 10087-5090 | J | Medical Bill 2013 | | | | 44.00 |
| ACCOUNT NO. 2299328/8 North Shore LIJ PO Box 5090 New York, NY 10087-5090 | J | Medical Bill 2013 | | | | 15.00 |
| ACCOUNT NO. 2299328/15 North Shore LIJ PO Box 5090 New York, NY 10087-5090 | H | Medical Bill 2013 | | | | 42.38 |

Sheet no. 11 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,546.38**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 2299328/24 North Shore LIJ PO Box 5090 New York, NY 10087-5090 | J | Medical Bill 2011 | | | | 247.00 |
| ACCOUNT NO. 1226135/4 North Shore LIJ PO Box 5067 New York, NY 10087 | H | Medical Bill 2012 | | | | 37.00 |
| ACCOUNT NO. 1226135/50 North Shore LIJ PO Box 5067 New York, NY 10087 | H | Medical Bill 2013 | | | | 5.00 |
| ACCOUNT NO. 200011661382 North Shore University PO Box 27681 New York, NY 10087 | J | Medical bill 2011 | | | | 671.00 |
| ACCOUNT NO. 8784900 North Shore University At Manhasset C/O Mullooly, Jeffrey Etal. 6851 Jericho Turnpike, Suite 220 Syosset, NY 11791 | H | Medical Bills 2012 | | | | 11,134.00 |
| ACCOUNT NO. 200011673494 North Shore University Hospital PO Box 27681 New York, NY 10087 | H | Medical Bill 2011 | | | | 2,242.00 |
| ACCOUNT NO. 50000627992-0 North Shore University Hospital C/O Regional Claims PO Box 417460 Boston, MA 02241 | H | Medical Bill 2012 | | | | 770.00 |

Sheet no. 12 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **15,106.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 8784900 North Shore University Hospital C/O Regional Claims Recovery PO Box 417460 Boston, MA 02241 | W | Medical Bills 2012 | | | | 11,134.00 |
| ACCOUNT NO. 0008418772 NSLIJ Health Systems-Manhasset C/O Professional Claims PO Box 9060 Hicksville, NY 11802 | H | Medical Bill 2011 | | | | 671.00 |
| ACCOUNT NO. 64492 NY Premier Cardiology PC 62-60 99th Street #1024 Rego Park, NY 11374 | J | Medical Bill 2011 | | | | 590.00 |
| ACCOUNT NO. 2299328/8 Philippe Chu, MD PO Box 5090 New York, NY 10087 | H | Medical Bill 2013 | | | | 15.00 |
| ACCOUNT NO. Portofolio Recovery Associates LL C/O Nassau County Reg 262 Old Country Road Mineola, NY 11501 | H | civil claim judgment 2007 | | | | 5,062.00 |
| ACCOUNT NO. 239705 Prohealth Care Assoc. LLP 2800 Marcus Avenue, Office 1 New Hyde Park, NY 11042 | W | Medical Bill 2010 | | | | 332.85 |
| ACCOUNT NO. 239600 Prohealth Care Assoc. LLP 2800 Marcus Avenue, Office 1 New Hyde Park, NY 11042 | W | Medical Bill 2010 | | | | 1,285.70 |

Sheet no. 13 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

\$ **19,090.55**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 135448495 Quest Diagnostics P.O. Box 71304 Philadelphia, PA 19176-1304 | H | Medical Bill 2012 | | | | 761.05 |
| ACCOUNT NO. 1226135/4 Rajiv Jauhar, MD PO Box 5067 New York, NY 10087 | H | Medical Bill 2011 | | | | 37.00 |
| ACCOUNT NO. H3939466 Redline Recovery 11675 Rainwater Drive, Suite 350 Alpharetta, GA 30009-8693 | H | Medical Bills 2010 | | | | 703.62 |
| ACCOUNT NO. Regina Druz MD LIJ Medical Center PO Box 29765 New York, NY 10087 | W | Medical Bill 2012 | | | | 120.00 |
| ACCOUNT NO. 36596 RMA Of N.Y. LLP 635 Madison Avenue New York, NY 10022 | W | Medical Bills 2007 | | | | 225.00 |
| ACCOUNT NO. Roman Zeltser MD C/O LIJ Medical Center PO Box 29765 New York, NY 10087 | W | Medical Bill 2012 | | | | 203.00 |
| ACCOUNT NO. R9955954 Shiel Medical Laboratory 63 Flushing Ave. Unit 336 Brooklyn, NY 11205 | H | Medical Bill 2011 | | | | 717.90 |

Sheet no. 14 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,767.57**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. R92663234 Shiel Medical Laboratory 63 Flushing Ave. Unit 336 Brooklyn, NY 11205 | H | Medical Bill 2010 | | | | 82.59 |
| ACCOUNT NO. R92663234 Shiel Medical Laboratory 63 Flushing Ave. Unit 336 Brooklyn, NY 11205 | H | Medical Bill 2010 | | | | 331.80 |
| ACCOUNT NO. 16949450 Sprint C/O Diversified Consultants 10550 Deerwood Park Blvd. 309 Jacksonville, FL 32256 | W | phone bill 2013 | | | | 732.00 |
| ACCOUNT NO. 625823413 Sprint P.O. Box 4191 Carol Stream, IL 60197-4191 | H | phone bill 2012 | | | | 689.06 |
| ACCOUNT NO. 80574759 Sprint C/O Enhanced Recovery 8014 Bayberry Road Jacksonville, FL 32256 | H | Phone Bill 2013 | | | | 185.46 |
| ACCOUNT NO. Sundee Jauhar MD PO Box 5067 New York, NY 10087 | W | Medical bill 2012 | | | | 37.00 |
| ACCOUNT NO. 63640xxxx Target National Bank PO Box 673 Minneapolis, MN 55440 | H | Revolving credit 2011 | | | | 485.00 |

Sheet no. 15 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,542.91**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 854151xxxx Target National Bank C/O Midland Funding 8875 Aero Drive, Suite 200 San Diego, CA 92123 | H | Revolving credit 2013 | | | | 595.00 |
| ACCOUNT NO. 00035371487 Target National Bank P.O. Box 59317 Minneapolis, MN 55459-0317 | H | Revolving credit 2009 | | | | 347.66 |
| ACCOUNT NO. 739162425 TD Bank NA C/O NCO Financial Services/99 PO Box 15636 Wilmington, DE 19850 | W | Revolving credit 2011 | | | | 117.00 |
| ACCOUNT NO. 69-26466 TVR Communications LLC 60-69 Woodhaven Blvd. Elmhurst, NY 11373-5529 | H | Hospital tv 2012 | | | | 17.25 |
| ACCOUNT NO. 078261397100001 Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 | W | Cell phone bill 2012 | | | | 620.97 |
| ACCOUNT NO. 782613971-00001 Verizon Wireless PO Box 408 Newark, NJ 07101-0408 | W | Cell phone bill 2010 | | | | 625.23 |
| ACCOUNT NO. | | | | | | |

Sheet no. 16 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,323.11**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$ **257,813.26**

B6G (Official Form 6G) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Debtor(s)

Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |

B6H (Official Form 6H) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Debtor(s)

Case No. _____

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

Fill in this information to identify your case:

Debtor 1 Gabriel J. Dones
First Name Middle Name Last Name

Debtor 2 Maria T. Molano
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

☐ Employed
☒ Not employed

OccupationSee Schedule Attached**Employer's name****Employer's address**

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$ 5,831.02

\$ 0.00

3. Estimate and list monthly overtime pay.

3.

+\$ 29.54

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$ 5,860.56

\$ 0.00

Debtor 1

Gabriel J. Dones

First Name Middle Name Last Name

Case number (if known)

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|------------------------|-----------------------------------|
| Copy line 4 here → 4. | \$ <u>5,860.56</u> | \$ <u>0.00</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>766.62</u> | \$ <u>0.00</u> |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>468.85</u> | \$ <u>0.00</u> |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5e. Insurance | 5e. \$ <u>847.73</u> | \$ <u>0.00</u> |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5h. Other deductions. Specify: <u>See Schedule Attached</u> | 5h. + \$ <u>426.41</u> | + \$ <u>0.00</u> |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ <u>2,509.60</u> | \$ <u>0.00</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>3,350.96</u> | \$ <u>0.00</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ <u>1,200.00</u> | \$ <u>0.00</u> |
| 8b. Interest and dividends | 8b. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8d. Unemployment compensation | 8d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8e. Social Security | 8e. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8g. Pension or retirement income | 8g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ <u>0.00</u> | + \$ <u>0.00</u> |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ <u>1,200.00</u> | \$ <u>0.00</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ <u>4,550.96</u> | \$ <u>0.00</u> |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. + \$ <u>0.00</u> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ <u>4,550.96</u> | |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u> | | Combined monthly income |

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

| | | |
|---------------------|---------------------------------------|--------|
| EMPLOYMENT: | DEBTOR | SPOUSE |
| Occupation | Dental Technician | |
| Name of Employer | Dentaco Corp. | |
| How long employed | 1 years and 10 months | |
| Address of Employer | 275 S. Main Street | |
| | Freeport, NY 11520-0000 | |
| Occupation | Owner | |
| Name of Employer | Primary Esthetics Dental Studio, Inc. | |
| How long employed | 2 years | |
| Address of Employer | 507 Premier Blvd. | |
| | New Hyde Park, NY 11050-5411 | |

| | | |
|---------------------------|--------|--------|
| Other Payroll Deductions: | DEBTOR | SPOUSE |
| Pre Tax Medical | 425.58 | 0.00 |
| NY Disability | 0.61 | 0.00 |
| NYS Disability | 0.22 | 0.00 |

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.Chapter 7

Debtor(s)

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 2,000.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 2,000.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

| | |
|--|------------------|
| 3. Net Employee Payroll (Other Than Debtor) | \$ _____ |
| 4. Payroll Taxes | \$ _____ |
| 5. Unemployment Taxes | \$ _____ |
| 6. Worker's Compensation | \$ _____ |
| 7. Other Taxes | \$ _____ |
| 8. Inventory Purchases (Including raw materials) | \$ _____ |
| 9. Purchase of Feed/Fertilizer/Seed/Spray | \$ _____ |
| 10. Rent (Other than debtor's principal residence) | \$ _____ |
| 11. Utilities | \$ <u>100.00</u> |
| 12. Office Expenses and Supplies | \$ _____ |
| 13. Repairs and Maintenance | \$ _____ |
| 14. Vehicle Expenses | \$ _____ |
| 15. Travel and Entertainment | \$ _____ |
| 16. Equipment Rental and Leases | \$ _____ |
| 17. Legal/Accounting/Other Professional Fees | \$ _____ |
| 18. Insurance | \$ _____ |
| 19. Employee Benefits (e.g., pension, medical, etc.) | \$ _____ |
| 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify): | \$ _____ |

21. Other (Specify): \$ 700.00
See Continuation Sheet

22. Total Monthly Expenses (Add items 3-21) \$ 800.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 1,200.00

IN RE Dones, Gabriel J. & Molano, Maria T.

Case No. _____

Debtor(s)

BUSINESS INCOME AND EXPENSES

Continuation Sheet - Page 1 of 1

Other:

Dental Lab Fees

500.00

Materials

200.00

Fill in this information to identify your case:

Debtor 1 Gabriel J. Dones
First Name Middle Name Last Name

Debtor 2 Maria T. Molano
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY _____
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son9

☐ No

☒ Yes

Son13

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses**4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.**4. \$ 3,361.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Gabriel J. Dones

First Name Middle Name Last Name

Case number (if known)

Your expenses

| | | | |
|--|------|----|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | <u>0.00</u> |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | <u>480.00</u> |
| 6b. Water, sewer, garbage collection | 6b. | \$ | <u>100.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | <u>352.00</u> |
| 6d. Other. Specify: _____ | 6d. | \$ | <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. | \$ | <u>480.00</u> |
| 8. Childcare and children's education costs | 8. | \$ | <u>0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | <u>200.00</u> |
| 10. Personal care products and services | 10. | \$ | <u>0.00</u> |
| 11. Medical and dental expenses | 11. | \$ | <u>300.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | <u>200.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | <u>100.00</u> |
| 14. Charitable contributions and religious donations | 14. | \$ | <u>0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | <u>0.00</u> |
| 15b. Health insurance | 15b. | \$ | <u>0.00</u> |
| 15c. Vehicle insurance | 15c. | \$ | <u>500.15</u> |
| 15d. Other insurance. Specify: _____ | 15d. | \$ | <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | \$ | <u>0.00</u> |
| 17. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. | \$ | <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. | \$ | <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I). | 18. | \$ | <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$ | <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . | | | |
| 20a. Mortgages on other property | 20a. | \$ | <u>0.00</u> |
| 20b. Real estate taxes | 20b. | \$ | <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | <u>0.00</u> |

Debtor 1

Gabriel J. Dones

First Name Middle Name Last Name

Case number (if known)

21. Other. Specify: _____

21. +\$ 0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 6,073.15

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 4,550.96

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 6,073.1523c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.23c. \$ -1,522.19

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Dones, Gabriel J. & Molano, Maria T.

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____

Signature: _____

Gabriel J. Dones

Debtor

Date: _____

Signature: _____

Maria T. Molano

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____

Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B8 (Official Form 8) (12/08)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.

Chapter 7

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|--|---|
| Property No. 1 | |
| Creditor's Name: HSBC Bank Nevada N.A. | Describe Property Securing Debt: 2005 Kawasaki Motorcycle |
| Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained | |
| If retaining the property, I intend to (check at least one): <input checked="" type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>retain and pay pursuant to contract</u> (for example, avoid lien using 11 U.S.C. § 522(f)). | |
| Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt | |

| | |
|---|--|
| Property No. 2 (if necessary) | |
| Creditor's Name: Ocwen Loan Servicing | Describe Property Securing Debt: 507 Premier Blvd. |
| Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained | |
| If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and pay pursuant to contract</u> (for example, avoid lien using 11 U.S.C. § 522(f)). | |
| Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt | |

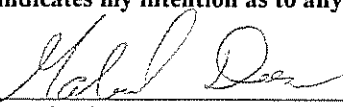
PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

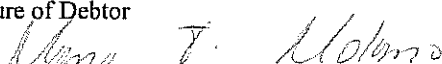
| | | |
|-------------------------------|----------------------------------|--|
| Property No. 1 | | |
| Lessor's Name: | Describe Leased Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property No. 2 (if necessary) | | |
| Lessor's Name: | Describe Leased Property: | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No |

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: _____


Signature of Debtor


Signature of Joint Debtor

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

Dones, Gabriel J. & Molano, Maria T.Chapter **7**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

- ☐ **None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-----------|--------------------------------|
| 73,288.00 | 2013 Adjusted Gross Income |
| 18,325.00 | 2012 adjusted gross income |
| 45,891.60 | 2014 year to date gross income |

2. Income other than from employment or operation of business

- ☒ **None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- ☒ **None** **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|---|--|--|----------------------------|
| Portfolio Recovery Associates, LLC v Gabriel Dones AKA Gabriel J. Dones, Judgement Debtor Maria Teresa Molano, Joint Bank Account, TD Bank, Bank Respondent; Index No. CV6112/12 | Credit Card Collection | District Court of the State of New York County of Nassau | Judgment entered 4/3/12 |
| Unifund CCR LLC v. Maria T. Molano, Index No. CV- 041321/12/HE | Credit Card Collection | Nassau County District Court- 2nd District | Judgment |
| Portfolio Recovery Associates, LLC v. Gabriel Dones Index No. 2355/11 | Credit Card Collection | District Court of the State of New York County of Nassau | Judgment |
| Wells Fargo Bank, et al. v. Gabriel J. Dones, Maria Teresa Molano, et al. Index Number 14-000095 | Foreclosure Action-507 Premier Blvd., New Hyde Park, NY 11040 | Supreme Court of the State of New York County of Nassau | Pending |

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|--|---|
| Donna M. Fiorelli PC 1800 Walt Whitman Road Melville, NY 11747-0000 | | 2,000.00 |

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: 10/27/14

Signature
of Debtor



Gabriel J. Dones

Date: 10/27/14

Signature
of Joint Debtor
(if any)



Maria T. Molano

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both, 18 U.S.C. § 152 and 3571.